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ABSTRACT

There exists a greater awareness of the unique issues involved in providing universally available, high quality services for children and families where: (1) populations are more scattered, (2) social service agencies are typically either understaffed or nonexistent, and (3) resources for community support are much harder to locate. Two factors which have a controlling effect on child care provisions for rural families are: (1) distance and (2) resources. In order to create effective child care systems for rural areas, planners must cope with such problems as transportation, skilled people, facilities, and effective agencies. Planners should consider various options for delivering comprehensive child care through the auspices of a single agency. The point of "single entry" can be child care centers, in-home visitations, family day care homes, community child care events, the media, or a mixture of these systems. Whatever delivery mechanisms are chose, 3 factors must be considered: (1) the community's needs; (2) the delivery mechanism's coordination with other agencies; and (3) community support. (NQ)

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A SUMMARY OF THE ISSUES

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INTRODUCTION

In May 1974, the Day Care and Child Development Council of America convened a conference in Charlotte, North Carolina, on the subject of rural child care. Supported by funds from The Grant Foundation, the conference brought together more than two hundred representatives from rural child care programs, primarily in the Southeastern region of the United States, to share concerns and information about ways of meeting the needs and aiding the healthy development of children and families of the nation's rural and small town populations.

The Rural Child Care Conference spurred the Day Care and Child Development Council to a greater awareness of the unique issues involved in providing universally available, high quality services for children and families where populations are more scattered, social service agencies are typically either understaffed or nonexistent and resources for community support are much harder to locate. Together with the Council's own rural project -- a home-based outreach program of child development in rural North Georgia -- the conference led to three "special focus" issues of Voice for Children, the Council's monthly newsletter. Finally, it was the wellspring for this particular paper, offering a summary overview of rural child care concerns, and for the collection of several other brief monographs addressed to topics of particular importance for those who plan for children's and family services in nonurban settings.

James A. Harrell
December 1974

I.

A prevalent American dream of lost innocence, of "the good old days" when we perhaps did not have quite so much but lived physically much closer to the food-producing soil and emotionally much closer to each other, tends to romanticize rural and small town family life. Those good old days, lost forever except for the few who can afford a reverse migration from city back to farm, are typified by the Waltons of television fame. Despite economic depression, memory clings to pictures of large, loving families gathered around big kitchen tables; food grown (organically?) by our own hands; near self-sufficiency with the occasional help of caring neighbors; crises limited to illnesses and infrequent family misunderstandings which were sure to be cured and settled. Of course, on the other end of the spectrum and without the national coverage of the Walton's version of rural existence, those same "good old days" gave birth to The Grapes of Wrath and God's Little Acre.

Collective memories of our rural past are a poor guide to understanding and coping with the realities of a rural present. Today, rural America is another kind of minority group, with challenges to economic and social planning which may be all too easily dismissed with romantic visions of growing one's own food or living in less congested (and therefore more supportive?) communities. Some of the statistics from the 1970 Census Report help to dispel clinging myths:[1]

Families with incomes less than poverty level:

Total U.S.	5,462,216 (10.7%)
Rural nonfarm	1,637,736 (15%)
Rural farm	441,827 (15.8%)

Children 14 years of age and under:

Total U.S.	59,011,479
Total Rural	16,442,005
Rural nonfarm	13,426,694
Rural farm	3,015,311

Children 5 years of age and under:

Total U.S.	17,119,245
Rural nonfarm	3,917,522
Rural farm	729,066

Percentage of women over 16 years of age in labor force:

Total U.S.	41.4%
Rural nonfarm	37 %
Rural farm	31.6%

Percentage of women over 16 years of age with children under 6 in labor force:

Total U.S.	30.8%
Rural nonfarm	30.6%
Rural farm	25.9%

Percentage of women over 16 years of age with children under 18 in labor force:

Total U.S.	41.7%
Rural nonfarm	34.8%
Rural farm	30.1%

There are no clear lines of demarcation between industrial-commercial urban centers and scattered, rural populations. In many regions, industry and commerce have reached out into the country, either establishing outposted production plants in the countryside or recruiting labor there to commute into cities. Even where distance and topography have separated city and country, communications media have blurred the distinctions. Now, the fact is: Most rural people do not farm. And an even more startling fact: In a growing percentage of rural families with small children, mothers are in paid employment. Put those facts together with the numbers of rural families whose incomes are insufficient to provide adequately for their basic needs, and our attention to the issue of rural child care

is justified. The awesome pressures on family stability and self-sufficiency are not limited to congested urban centers. Life is not necessarily simpler out in the country. Our rural families need support for maintaining themselves and raising their children, too.

It is necessary to define terms before continuing. This essay addresses the subject of rural child care. For the word rural, a standard population-based definition will suffice: Rural populations include those individuals residing outside of communities with more than 7,000 residents. Communities of up to 7,000 residents are defined as rural. We do, however, recognize that such a definition does not do justice to the complex connotative freight which the term carries with it. Diverse cultures, topographies, economies, races and lifestyles are a part of rural America. Even those lost dreams of innocence tend to have real effects and cannot be discounted in defining the meaning of rural in American life.

With the term child care, it is necessary to be more exact. This term, if it is to serve well in the context of social analysis and planning, should not be left vague -- either too broad, so that it refers to everything related to child-rearing, or too narrow, so that it only defines one form of caring for children. For purposes of this paper, the following definition is proposed: Child care is any service provided by agents other than a child's own parent(s) or guardian(s) as a support to that child's parent(s) or guardian(s) in assuring his/her healthy growth and development.

Defining child care to include any extrafamilial service supporting family roles in child-rearing opens up broader vistas for social planning than has usually been the case. It recognizes that families have primary responsibility for their children. But child care support to those fami-

lies can come from a great variety of quarters and take many forms. The family physician or pediatrician is in the field of child care, a colleague (though the relationship is rarely recognized yet) of the day care eenter operator. The nutritionist providing meal-planning assistance to families through a home demonstration club is involved in child care along with the family day care "mother" caring for children in her own home while their mothers are at work. The public school system in fact already has a part in child care as does the welfare system. Child care, as we define it here, is this inclusive.

Such an inclusive definition of child care involves a deliberate challenge to professionals concerned with child welfare issues to broaden their goals beyond a more traditional definition of day care. The definition is one which is just now emerging as we begin to understand new aspects of the family, child, children's services, and the community -- all of which are a part of "the healthy growth and development of children." As this kind of broad definition encompassing the developmental requirements of the "whole child" gains greater acceptance in the field, it will have a concomitant effect on decisions about who provides child care.

Implicit in this definition is another term much used in the parlance of the child care field -- comprehensive. Comprehensive child care contains an ambiguity. Comprehensiveness can mean all of the children of the subject population. It can mean all of the programs mounted to aid in their care. And it can mean all of a child's needs in growing up as a healthy person whose potential is being realized. Our concern for rural child care does include a commitment to comprehensiveness, and it contains all three meanings of that term. To address the unique requirements of rural

child care in America, we must consider all rural children -- the poor, the wealthy, black, white, Spanish-speaking, Indian, the farm and the nonfarm, the migrant and the settled; and we must seek ways to provide extrafamilial supports to meet their physical, intellectual, emotional and social developmental needs, using all of the resources available to us.

Child care is problematic because it requires collective commitments by society and its various human services agents to supplement the attention given by parents to their children's safety, health and personal development and because careful coordination and cooperation are required if these commitments are to be implemented effectively. Yet, despite the problems which are manifold, child care is happening -- piecemeal to be sure, with glaring gaps and unnecessary duplications -- throughout the country. It is the purpose of this overview to look more closely at child care for rural families, it unique problems and challenges.

II.

The problems hindering the provision of child care are exacerbated for rural populations. Collective commitments to meet rural child care needs are obviously lacking since in many areas the agencies to provide those services, whether publicly or privately established, are nonexistent. Where they do exist, in the form of private or public medical programs, welfare agencies, day care arrangements, and child development programs, they are the rare exceptions and in most cases are pitifully underfunded and understaffed. An additional problem is that the existing services for family support in child-rearing typically lack the visibility that they are able to enjoy in urban settings. The people who need them simply do not know that there are available. Even if families do know of their availability, they often do not have the means of transportation to get to them; and with few exceptions, the services lack the mobility to get to the families or the transportation system to bring their children to a central location.

Two factors have a controlling effect on the provision of child care for rural families: First is the distance factor, the basic rural demography. Second is the resources factor. The second follows from the first. The distance separating families from each other and from concentrations of population and concomitant industrial, commercial and governmental power explains many difficulties faced in planning and implementing child care in rural areas. Child care, though it may take many forms and concentrate on a variety of specific purposes, involves a kind of social contract arrangement. There is an implicit agreement on the part of providers and recipients that here are vital human tasks which can be accomplished better together than they can be alone. When

the people who must participate in this contract for the benefit of the society's children are separated geographically from one another, the contract is much harder to plan for and to implement. Likewise, the physical, monetary, and human resources necessary to create and maintain the services are much harder to mobilize than in situations where the people, their institutions, and the fruits of their production are in close proximity to each other.

Yet, the families and their children are not significantly different because they live in smaller communities or are isolated by miles from population centers. Their needs are the same, though in degree they may be more intense. The statistics of poverty listed above suggest the intensity of their needs for health, child development enrichment, nutritional, and basic caretaking services. The President's National Advisory Committee on Rural Poverty concluded in 1967 that higher incidence of disease, illiteracy, malnutrition and even starvation in rural America was an indictment of previous social planning. That report, now seven years old, led to "the creation of new multi-county districts, cutting across urban-rural boundaries, to cooperatively plan and coordinate programs for economic development."[2] Area Planning and Development Districts were drawn, but there is cause to believe that human development efforts have lagged far behind economic development efforts. A bulletin in November 1974 from the International Medical News Service provides a case in point: "Rural Areas have higher infant death rates than do cities."[3]

The thrust of the National Advisory Committee's 1967 report coincides with a sound prescription for meeting rural child care needs: the development of area-wide systems. The urban plan for child care has allowed for

a mixed nonsystem of proprietary and nonprofit day care centers, single and linked together in formal associations, public and private medical services, family day care homes (sometimes linked together in systems), and other formal and informal service delivery mechanisms. Some of these services have been deliberately created by public (governmental) decision, and some have developed more spontaneously in response to a kind of marketplace demand. Child care services leave much to be desired in cities, but the services are comparatively more available there than they are in rural areas. We are suggesting that the rural plan for child care must indeed be a real plan: it requires a responsible system to insure that services reach the families whose children need them.* And the first factors to be engaged in this system-building process are distance and resources. In order to assure the population base and the resources necessary to ensure a comprehensive child care program, it is necessary to organize networks covering large-enough geographical areas, along county or multicounty lines, employing a number of service delivery points. These child care systems or networks would be charged with assuring the provision of comprehensive child care services to families within their jurisdictions, whether they provide each component directly or in coordination with other agencies.

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* The one real problem with encouraging the development of systems for rural areas is that they may stifle creativity and freedom. Many Head Start programs are systems, yet they probably are not financially efficient, have done nothing unique in training, programming or involvement of parents. We do not want to guarantee that systems of this nature get further expanded. Perhaps another possibility is to encourage "confederations" of programs with incentives for essentially autonomous agencies to cooperate. (Commentary from Joseph Perreault, Kentucky Youth Research Center)

III.

Developing rural child care systems are appearing in rural areas scattered throughout the United States. The area of the country where the most concerted, well funded rural child care system-building has occurred is Appalachia. One component of the thirteen-state Appalachian Regional Commission (ARC) program has been child development. As a result of funds allocated by ARC for child development demonstration projects (most of which funds have been matched with funds provided through Title IV-A of the Social Security Act), there is a significant body of real experience on rural child care systems to draw upon. The problems unique to rural service delivery may be isolated and described.

No matter what program emphases are given priority -- whether child development and preschool educational experience, health screening and treatment, developmental day care for children of parents in paid employment, child care education for young parents -- there is a common set of problems which have to be solved in order to implement an effective program. In describing these problems, we are excluding perhaps the most basic one: money. But, given sufficient public and private commitment to make adequate financial support available, planners must cope with these problems to create effective child care systems for rural areas: transportation, skilled people, facilities, and effective agencies.

A. Transportation: The distance factor makes some form of transportation plan a prerequisite for a rural child care system. Whether the system depends upon a center-based or a home-visit approach (or a combination of the two), transportation for the children and families is an issue. The types of programs planned may require more or less continuous availability of transportation for varying numbers of children and adults;

but whatever the plan, a rural comprehensive child care system must include a transportation component. It is a necessity, not an elective, for rural child care. One monograph in this series, prepared by the Kentucky Youth Research Center, outlines several transportation options, their costs, benefits and disadvantages. This monograph draws upon the Kentucky Youth Research Center's ten years' experience as a rural child care system.

B. Skilled People: Child care is an interdisciplinary field. Because its concern is the whole child in the context of his family, it must draw upon the wisdom and skills of education, health, social work, nutrition, psychology, to name only a few. Even more importantly, its workers must have that indescribable quality of caring for people -- children and their families -- which results in strengthened self-confidence and capabilities rather than increasing dependency and weakness. When child care people from cities or rural areas come together to share program experiences and seek answers to common problems, the question is often raised: "What makes XYZ child care program so good?" The answer given always focuses on the people who are staffing the good program. Often it is possible to narrow the focus even more -- to one person, whose quality of caring, innovative imagination, skills in interpersonal relationships, and ability to manage a program and communicate her/his enthusiasm and knowledge to staff are the foundation of the program.

Rural child care requires this kind of inspired leadership and skilled staffing. Because professionally trained child care workers are not readily available in rural areas, it is necessary either to "import" them or to recruit candidates to fill these roles from the local population and provide the necessary training for them. Experience from Appalachian

programs and rural Head Start systems suggest that, even if enough well trained child care professionals could be imported to fully staff a rural child care system, this option is less desirable than local recruitment and training. Several important factors are at stake in the decision to plan for local staffing to the extent that it is possible:

1. Local people will be most capable of communicating effectively with families and children whose cultural patterns (especially including language or dialect) they share.
2. Recruitment of local people to staff rural child care programs will support local economic development by providing new professional opportunities to local residents.
3. A program staffed by local people will find the building of community support easier. For rural child care to become effective, it must finally become part of a rural community's social fabric, "taken for granted" by rural families. Such community acceptance always involves a process of service and support-building over time. The program which begins with local people on every level of responsibility possible has a head start in this process.

With a decision to employ locally recruited workers to staff a rural child care system come two additional problems. One can only be noted as a fair warning: Where populations are more sparse, jobs are less plentiful, and local politics are much more personal (if not intimate), recruitment becomes a highly political process. Recruitment of individuals based on their relevant experience and their potential for professional growth and development will not be as simple as it sounds, but it will be critical to the effectiveness of the program.*

*Programs which have developed procedures for sharing the responsibility

The second problem is how to provide the training, in the form of both preservice and inservice learning opportunities, for rural child care staff. This issue is addressed in another monograph (a position paper) developed at a meeting of child care administrators and trainers as follow-up to the training workshop at the Rural Child Care Conference. For purposes of this summary of the issues, it is appropriate to point out three important guidelines for training:

1. Training should be an integrated component of the rural child care system. If it is imposed and/or shaped by an outside agent, it will tend to be irrelevant, wasteful, and possibly even destructive to program quality.

2. Training should always begin by building on the strengths of the individuals to be trained. Because they have been chosen through a recruitment process, one may assume that relevant strengths exist. These strengths should be explored and built upon before instruction in the form of new information and skills is presented.

3. Training should make use of available local resources, both within the program and in other local institutions. These resources may include cooperative extension service, community colleges, public health and welfare agencies, local businesses and public utilities companies, and concerned and knowledgeable private citizens. Through utilization of local resources, even where "local" means a multi-county area, training can develop over an extended period of time with opportunity for evaluation, supervision and revised planning

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for hiring and firing between the paid staff and parent and citizen groups have had the best success in coping with this problem. (Commentary from Joseph Perreault, Kentucky Youth Research Center)

for continual professional development.

C. Facilities: Child care centers for urban areas have been located in everything from renovated warehouses to church educational buildings. Facilities, while they may pose difficulties for urban child care planning, become a major barrier to service delivery in rural areas. In rare cases, there are school buildings, churches, or other facilities which can be remodeled to serve the needs of a child care program. In most cases, new facilities to meet program needs are an additional requirement.

Rural child care systems have met the facilities challenge in a number of ways. Churches, schools and homes have been renovated where they were available. New buildings have been built. Modular mobile home units have been installed for some programs.[4] Where the program decision has been made to take the services to the children rather than bring the children to the services, there has been experimentation with mobile van units for health and dental screening and treatment, mental health consultation, staff training, and even child development.

D. Effective Agencies: Program stability is a problem shared by all child care programs, urban and rural. The difference is in the multiplicity of city human service agencies, both public and private, with funding bases in both sectors. In cases of the failure of one provider, there is more likely to be another available to take up the dropped tasks or mount programs to meet unmet needs. The importance of any one agency providing truly comprehensive services is less compelling where different specialized services for children are more readily available.

In rural areas, comprehensive child care should be the responsibility of a single human service delivery system in order to insure that the necessary services to support families in child-rearing are provided. In urban areas, all the various components of comprehensive child care, provided by various sources in the community, may add up to comprehensiveness (in the sense of meeting all of a child's needs for extra-familial support). In rural areas, single-purpose agencies are rarely accessible to the families needing their services. A comprehensive multipurpose agency is required, one which can either provide the needed service or can make it available to families through referral, serving as the transportation means to medical, dental or psychological services which it cannot directly provide.

Because the rural child care system is multipurpose and comprehensive in the services it offers, it will have multiple sources of financial support. This multisource funding characteristic of rural child care systems in the foreseeable future is determined by current realities of funding. Most funding for child care in rural areas flows (or trickles) from federal sources and is categorically attached to the purpose identified by its respective source. An effective rural child care agency requires a complicated mixing of funding sources if children's developmental needs are to be met. It is safe to say that no final answer has been discovered to assure the kind of fiscal stability needed to support consistent, quality services to children and families. Federal funds for rural Head Start programs have not expanded to meet needs, and agency stability in administering these funds in rural areas has been a constant problem through the brief history of the Head Start experiment. Federal funds through the Appalachian Regional Commission's child development

projects have been used in demonstration programs, with a plan to reduce them on a predictable schedule. A part of the definition of success in these demonstrations has been their capability to develop support from other local, state and federal sources. At this writing, there appears to be little optimism that this success will be achieved.

The federal money which has supported the scattered rural child care systems now in existence has also prohibited comprehensive child care, in the sense of child care services for all of the children.[5] Both Head Start and Title IV-A monies are limited to low-income families; and, in the case of IV-A, many states have added further limitations such as providing services only to families with single parents.* ARC funds had no such income-related limitations, but the nearly universal decision to use them as 25% matching funds for Title IV-A has had the same limiting effect. Until there is a national commitment to support universally available child care and development with federal tax monies, rural child care requires a very careful gluing together of various pieces of federal, state, and local public funds, private gifts and parents' fees.[6] As the outreach agents for a multiplicity of human services, it should be possible for rural child care programs to tap resources beyond the social service and special impact funds upon which they have relied so heavily heretofore. For the foreseeable future, the program stability of rural child care systems will depend upon the creative planning and management skills of their administrators, the

*The passage of Title XX of the Social Security Amendments (1974) to replace Title IV-A may make significant changes in eligibility requirements, including the limitation in many states of services only for single-parent families. As of October 1975, eligibility will be defined in terms of family income rather than welfare-relatedness.

ability to convince funding sources which have never defined themselves as being part of child care to pool their money and their resources with those of others in order to serve rural families effectively.

Planners should consider various options for delivery of comprehensive child care to rural families through the auspices of a single agency. It appears that no one way is best for all situations. Factors such as population density, employment patterns, and permanence or migrant status of families are variables suggesting different approaches to reaching the children. The decision to make the whole range of child-related developmental support services available through one agency involves what ARC planners have labelled a "single entry delivery system." Through contact with one program of the child care system, a family can have access to medical, dental, educational, remedial, nutritional and other services which they may need to support them in raising healthy, capable children.

The point of "single entry" can be a child care center, an in-home visitation, a family day care home, a community child care event, a television or radio program, or a mixture of these methods.[7]

A. Child Care Centers. The center-based delivery system follows the approach first demonstrated in rural areas by Head Start programs. It is especially appropriate where a priority child care need of the population is the care of the children of working parents, in which case the center will operate a full-day, full-week, full-year program. The development of a child care center as a single entry delivery mechanism for comprehensive child care, however, requires much more than a limited caregiving service to only one segment of the population. With flexible, imaginative planning and with future relief from restrictive eligibility requirements attached to sources of funds, the child care center can also serve as

part or full-time child development enrichment center for children whose mothers are not in paid employment. It can be an occasional health clinic for screening and diagnosis, immunization and treatment. It can serve as a community center for adult education and social activities. And it can be the focal point for other meetings of parents and their children acting together to meet their own family needs. It can be staffed by individuals whose job descriptions make them the front line child development needs-assessors for the entire community with back-up support of the specialized professional services to see that these needs are met.

B. In-Home Visitation. Another option for single entry delivery of child care employs home visitors in a program of direct support to parents in their own homes. Modelled more on a social work case-worker format, home visitors can aid parents in basic child development skills, homemaking and home management, while acting as the client family's link to specialized services to meet particular needs. The usual home-based child development program involves one or two visits to each client family each week. Project Head Start has spun off some home visit demonstration programs under the project title, Home Start. This approach is most effective with nonworking mothers, in programs which lack a viable transportation system, and for prenatal and neonatal services. The priority purposes can be child development education for parents, nutrition consultation, or primary health care; but no matter which developmental need is given priority, the home visitor needs to represent the full range of child care services. The home-based model for service delivery contains one built-in disadvantage. Without additional planning and efforts, it continues rural isolation and thus does not allow for the natural system of child-rearing support which can come about through involvement of parents with each other around the needs

of their growing children.

C. Family Day Care Homes. The family day care home, where up to six children are cared for in a caregiver's own home, is another option most valid for employment-related child care. While this service delivery mechanism has been extensively employed for day care in urban and suburban settings, there is little rural experience of its viability.[8] Yet family day care, as an informal arrangement outside the legal domain of state licensure, is the method serving most children outside their own homes in the nation. It is estimated that 60% of out-of-home child day care in the United States is provided through family day care homes. Because unlicensed family day care is virtually invisible, no one knows how prevalent it is in rural areas. We can speculate that it does in fact exist there, especially in rural situations where industries employing women (such as textile, clothing and small machinery parts factories) have located.

But family day care until recently, and only in a few programs which have developed systems linking homes together, has not even claimed to provide a comprehensive child care service. It has simply served as a means of caregiving in the absence of working parents. The early returns from experimentation with systems of family day care homes, where central administration, training opportunities, and coordination with specialized child development support for the front line child care worker (the family day care "mother"), hold significant implications for the potential of this model for rural child care systems.[9] Especially viable for working with infants and toddlers and in rural areas in which population is too sparse to support a center-based approach without an extensive transportation network, family day care may be an important option for future rural child

care system-building.

D. Community Child Care Events. A unique model of child care service delivery imitates the concept of a county fair. It obviously lacks the kind of continuous, consistent family support service needed for optimal child development; but it offers opportunities to make initial contact with families whose children need preventive dental and medical care, to share child development information, and to identify children needing special follow-up attention because of developmental disabilities. The New York State ARC program has used this method of single entry delivery of services, calling it the "Population-Access Single Entry Model."[10] Other special impact projects have staged rural Health Fairs as a means of reaching children for screening, diagnosis, and immunization programs. Rather than offering an ongoing program to a limited number of families, the Population-Access or fair-type delivery method is an episodic or periodic event with doors thrown wide-open for the whole population. Of course, it is only valid as an entry point to child care if there are the necessary ongoing health and developmental services available to those whose need for them is identified through the community child care event.

E. The Media. Another single entry mechanism which is still at a very early experimental stage is the use of television and radio. Direct service is limited to the sharing of information, but that information may lead to more effective child development within the homes entered via these media as well as to the use of human services resources available in the community or state. A recent experiment in Pennsylvania has used a combination of TV and radio spot announcements, a toll-free "hot-line" telephone answering service, and follow-up with simple, printed early childhood

educational materials for parents as a means to lend support to families all over that state. Some of the problems identified in this information-sharing project have underscored the need for effective linkages with direct health, mental health and day care services.[11]

F. Mixed Delivery Systems. From this brief survey of delivery mechanisms, which makes no claim to being exhaustive, it is obvious that no one method can meet standards of comprehensiveness (serving all the families who may need child-rearing support). Nor is any one method flexible enough to match the unique geographic, demographic and economic characteristics of all the varieties of rural areas. In planning for a comprehensive rural child care system, mixes of these delivery mechanisms, perhaps even including all of them, should be considered and tried. For instance, a system could provide child care centers with satellite family day care homes, serving as bases for home-visit outreach efforts and as resources for planning, implementing, and following up on special community child development events and information-sharing through the media.

Whatever delivery mechanisms are chosen, three factors are basic to their effectiveness. First of all, no program model will be useful unless it is created to match a community's real needs. A full-day, full-year child care center in a community with little maternal employment or a home visit program where nearly all mothers work at the local shirt factory may be doomed from the outset. Any rural child care system must be developed on the basis of a careful community needs assessment. A needs assessment for comprehensive child care will seek to answer these questions: who (and how many) may make use of the child care system; what are their most pressing child-related needs; where can these needs be most efficiently

and adequately handled; when (how often and at what hours) will be optimal for delivering these services; and finally, how.

A second common delivery system problem is not so simple as a needs assessment. As the deliverer and broker of all the services necessary for good child development, a rural child care system will need to have access to, coordination with, and full cooperation of a number of other agencies. This coordination requirement puts rural child care squarely in the midst of what is all too often a human services political jungle. It is a jungle where the rigidity and vested interests of agencies, the common hunger for more adequate funding, and the morass of conflicting and unreconciable regulations all mitigate against the kind of cooperation implicit in the concept of comprehensive child care.

A report from ARC child development directors lists the kind of agencies their programs have enlisted as coordinates of effective service delivery:

> Private health agencies (hospitals, clinics, etc.), Public Health agencies, Private health practitioners (medical, dental, psychological), Public social service agencies, Private social service agencies, Public and private schools, Public and private colleges or universities, Social clubs, Charitable organizations, Private industry, Churches, County governments, Local Development Districts (APDC's), Councils of Government, Regional Education Service Agencies, 202 Health Planning Councils, 314B Comprehensive Health Planning Agencies, and State agencies.[12]

Plans for rural child care must include adequate investment of staff effort in the continuing tasks of coordination. One crucial administrative role for the successful rural system is welding the links connecting families whom it enrolls with the special services which it cannot provide directly.

A third requirement, no matter what delivery mechanisms are chosen, is community support. From the first planning step in the life of a rural child care system, no matter what its funding source, it must demonstrate

a commitment to be an integral part of the community(ies) it is serving. There is an unavoidable, necessary, ongoing public relations chore to be done, and it cannot be viewed as an "extra." Because initial funding for rural child care programs is likely to tie it primarily to low-income families, efforts to include representatives from all socioeconomic sectors of the area to be served are essential. They should participate in planning, oversight, and evaluation. This representation should include local business and industry, farmers' associations, local political jurisdictions, churches and other private groups. If the rural child care system is structured as an independent corporation, its board of directors can be composed of representatives from these various community sectors. If it is an arm of a larger statewide system or an agency of local or state government, its local advisory committees should be broadly representative. In order to accomplish its goals for children, the rural child care system has to fulfill a vital advocacy function, advocating the validity of its own role in the community, soliciting active public support for it, and calling all citizens to their social responsibility for their communities' children.

Beyond this effort to include the entire community through representation in the investments of time, energy, and resources necessary to operate a rural child care system, the system should aggressively and continuously interpret its work to all the residents of the area it serves. Speaking engagements before churches and clubs, newsletters and brochures, open houses, and involvement of volunteers for special and ongoing activities are just some of the ways to do this essential public education. The temptation is to view these activities as "nice things to do if you have the time" -- which you rarely do. But, on the contrary, rural child care experience demonstrates that these efforts to involve and to create support are indispensable to a program's continued existence.[13]

The issues which have been addressed in this paper are crucial ones for decision-making about child care services for rural families. They are, however, by no means all-inclusive. The wide variety of rural settings, lifestyles, economic conditions, and political structures requires much more detailed analysis for each local situation than this paper could provide. This has been an attempt to provide a sketch, using admittedly broad strokes, of what is involved in rural child care. And this essay has not hesitated to take a few strong positions, based on the experiences which were shared at the Rural Child Care Conference of the Day Care and Child Development Council of America. Most important among these positions is the suggestion that rural child care can only be adequately provided through the building of child care systems, through organizational structures which centralize administration, pool and piece together cooperation among a wide variety of resources, and invole themselves in innovative and "comprehensive" planning to meet the needs of the children and families whom they serve.

This essay also carries with it a plea to decision-makers: that child care for rural families be given equal and specific attention as federal and state funds are allocated and new programs for children are enacted.

NOTES

1. United States Department of Commerce, Bureau of the Census, General Social and Economic Characteristics, U.S. Summary, 1970, Volume I, Tables 85, 90, and 95.

2. President's National Advisory Commission on Rural Poverty, The People Left Behind (Washington, D.C.: U.S. Government Printing Office, 1967), page xii.

3. Family Practice News, Volume 4, No. 22 (November 15, 1974), page 18.

4. Voice for Children, Volume 5, No. 10 (November 1972), pages 6-9.

5. Kentucky Youth Research Center, "Model for Developmental Day Care Project," unpublished manuscript, April 11, 1974; a description of a model for combining funds from different sources and various service functions to achieve a child care system to serve all socioeconomic groups.

6. See Joesph Perreault, et al., Day Care and Child Development in Kentucky: There is Hope! (Frankfort, Kentucky: Kentucky Youth Research Center, Inc., 1973).

7. Report of the Appalachian Regional Commission State Child Development Directors, unpublished manuscript, October 1974.

8. The State of North Carolina has mounted a demonstration program in family day care in rural mountain counties. Contact the North Carolina Office of Child Development, Raleigh, North Carolina, for more information.

9. See A Family Day Care Study, by the Child Care Resource Center (Washington, D.C.: Day Care and Child Development Council of America, Inc., 1973).

10. Report of the ARC State Child Development Directors.

11. For more information: Stayer Research and Learning Center, Millersville State College, Millersville, Pennsylvania 17551.

12. Report of the ARC State Child Development Directors.

13. See Good Things Are Happening (Atlanta, Georgia: Georgia Appalachian Child Care Project, 1974).